



Water Conservation Rebate Program

Residential Rebate Application

Buyer's Name: _____

Address: _____

Phone: _____ Purchase Date: _____

Water Service Account Number: _____

Please **attach your sales receipt**, and complete the application information to receive a rebate for the purchase of any water conservation items. *Qualifying purchase receipt(s) must be dated within 120 days of rebate application submittal.* Rebates are subject to annual program funding and will be paid on a first come, first served basis.

Mail To: City of Lodi Public Works Department
Water Conservation Rebate Program
1331 South Ham Lane
Lodi, Ca. 95242

<u>Rebate Item</u>	<u>Quantity</u>	<u>Amount Paid*</u>	<u>Age**</u>
Ultra Low Flow Toilets - 1.6 gallons per flush minimum (\$44 rebate ea.)	_____	\$ _____	_____
Pressure Assisted PF/2 Ultra Low Flow Toilet (50% off cost up to \$100 ea.)	_____	\$ _____	_____
Low Flow Shower Heads (50% off cost up to \$50 ea.)	_____	\$ _____	_____
Insulated Hot Water Blankets (50% off cost up to \$25 ea.)	_____	\$ _____	_____
Hose Bib Manual Timers for outside water hose (50% off cost up to \$50 ea.)	_____	\$ _____	_____

*Do not include tax

**If removing/replacing an existing item please note approximate age of older items.

I Certify that the information as shown above is true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand and agree false statements and/or omissions of material fact will cause forfeiture of requested rebate. I also certify that the above-noted items will be housed and utilized by a City of Lodi water utility customer.

Buyer's Signature: _____ **Date Signed:** _____